

उत्तराखण्ड शासन
चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग,
पत्रांक: 333/व0नि0स0-स0/चि0स्वा0प0क0वि0/2023
देहरादून: दिनांक- 28 नवम्बर 2023

समस्त जिला अधिकारी, उत्तराखण्ड।

समस्त मुख्य चिकित्साधिकारी, उत्तराखण्ड।

विषय : सीजनल इन्फ्लुएंजा, मायकोप्लाज्मा निमोनिया, SARS-CoV-2 आदि श्वसन तंत्र सम्बंधित रोगों से बचाव एवं नियंत्रण विषयक।

महोदय/महोदया,

अवगत होना चाहें कि वर्तमान में चीन देश में सीजनल इन्फ्लुएंजा, मायकोप्लाज्मा निमोनिया, SARS-CoV-2 आदि श्वसन तंत्र सम्बंधित रोगियों (विशेषकर बच्चों में) की संख्या में निरंतर वृद्धि दर्ज की जा रही है। आगामी माहों में शीत ऋतु के आगमन के साथ ही विभिन्न श्वसन तंत्र सम्बंधित रोगों यथा कोविड-19, सीजनल इन्फ्लुएंजा (H1N1, H3N2) एवं Influenza like Illness (ILI) व Severe Acute Respiratory Illness (SARI) के प्रसारण की संभावना भी बढ़ जाती है। इसी क्रम में केन्द्रीय स्वास्थ्य मंत्रालय, भारत सरकार द्वारा जारी प्रेस विज्ञप्ति एवं स्वास्थ्य सेवा महानिदेशालय, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार द्वारा DO No. T-18015/80/2023-IDSP (Pt.1) दिनांक 25.11.2013 प्रेषित किया गया है। (संलग्न)

अतः उपरोक्तानुसार इन्फ्लुएंजा/निमोनिया रोगों की रोकथाम एवं नियंत्रण के लिए निम्नलिखित दिशा-निर्देशों का जनपद स्तर पर अनुपालन करना सुनिश्चित करें -

1. भारत सरकार द्वारा प्रदत्त दिशा निर्देश "Operational guidelines for revised surveillance strategy in context of COVID-19" (संलग्न) का अनुपालन सुनिश्चित किया जाए।
2. सभी चिकित्सालयों में इन्फ्लुएंजा/निमोनिया रोगियों के उपचार हेतु पर्याप्त आईसोलेशन बेड/वार्ड, आक्सीजन बेड, आईसीयू बेड, वेंटिलेटर, आक्सीजन सिलेण्डर इत्यादि की व्यवस्था सुनिश्चित रखें।
3. समस्त चिकित्सालयों (मेडिकल कॉलेज/जिला/बेस/संयुक्त/ सी0एच0सी0/पी0एच0सी0 स्तर तक) में आवश्यक औषधियों (Oseltamivir Cap./Syp., /antibiotics etc), सामग्री (PPE, N-95 Mask, VTM etc) की उपलब्धता एवं चिकित्सक, नर्सिंग स्टाफ की पर्याप्त उपलब्धता सुनिश्चित रखी जाये।
4. चिकित्सालय एवं समुदाय स्तर पर Influenza like Illness (ILI)/Severe Acute Respiratory Illness (SARI) के लक्षणों वाले रोगियों की सघन निगरानी की जाये। उक्त सभी रोगियों का विवरण अनिवार्य रूप से आई0डी0एस0पी0 के अंतर्गत Integrated Health Information Platform (IHIP) पोर्टल में प्रविष्ट किया जाये।
5. SARI के लक्षणों से ग्रसित रोगियों के Nasal & Throat Swab samples जांच हेतु निकटवर्ती मेडिकल कॉलेज जांच केन्द्रों में संदर्भित किये जायें।
6. समुदाय स्तर पर यदि किसी जगह ILI/SARI केस की क्लस्टरिंग मिलती है तो वहां पर जांच सुविधा की उपलब्धता एवं त्वरित नियंत्रण एवं रोकथाम कार्यवाही की जाये।

7. आई0डी0एस0पी0 कार्यक्रम के अन्तर्गत गठित रैपिड रेस्पान्स टीम को इन्फ्लुएंजा/निमोनिया रोग से होने वाली किसी भी असामान्य स्थिति की निरन्तर मॉनिटरिंग तथा नियन्त्रण हेतु त्वरित कार्यवाही हेतु निर्देश दिये जायें।
8. इन्फ्लुएंजा/निमोनिया सम्बंधित रोगों के संचरण से बचाव हेतु आम जनमानस में जागरूकता हेतु विभिन्न माध्यमों से व्यापक प्रचार-प्रसार किया जाये -

- I. बच्चों एवं बुजुर्गों तथा किसी अन्य गम्भीर रोग से ग्रसित लोगों में विशेष सावधानी बरती जाये।
- II. छींकते या खांसते समय नाक और मुंह को ढकने के लिए रुमाल/टिशू का इस्तेमाल करना।
- III. साबुन पानी से हाथों को स्वच्छ रखना।
- IV. सार्वजनिक स्थानों पर थूकने से परहेज करना।
- V. ILI/SARI के लक्षण होने पर चिकित्सकीय परामर्श लेना तथा चिकित्सकीय परामर्श पर ही औषधि का सेवन करना।

अतः उपरोक्तानुसार आवश्यक कार्यवाही करना सुनिश्चित करें।

संलग्नक- यथोपरि।

(डॉ० आर० राजेश कुमार)

सचिव
चिकित्सा स्वास्थ्य एवं चिकित्सा शिक्षा
उत्तराखण्ड शासन

प्रतिलिपि :-

1. प्रमुख निजी सचिव, मुख्य सचिव उत्तराखण्ड को मुख्य सचिव महोदय के संज्ञानार्थ प्रेषित।
2. महानिदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तराखण्ड।
3. मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, उत्तराखण्ड।
4. निदेशक, चिकित्सा शिक्षा, उत्तराखण्ड को आवश्यक कार्यवाही हेतु प्रेषित।
5. निदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, गढ़वाल एवं कुमाऊँ मण्डल को आवश्यक कार्यवाही हेतु प्रेषित।
6. प्रभारी अधिकारी, आई0डी0एस0पी0, राष्ट्रीय स्वास्थ्य मिशन, उत्तराखण्ड।
7. जिला सर्विलांस अधिकारी, समस्त जनपद, उत्तराखण्ड।
8. सम्बन्धित अनुभाग, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तराखण्ड शासन।

(डॉ० आर० राजेश कुमार)

सचिव



प्रो.(डॉ.) अतुल गोयल

Prof. (Dr.) ATUL GOEL

MD (Med.)

स्वास्थ्य सेवा महानिदेशक

DIRECTOR GENERAL OF HEALTH SERVICES



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
स्वास्थ्य सेवा महानिदेशालय
Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services

DO No. T-18015/80/2023-IDSP (Pt.1)

Dated: 25.11.2023

Dear Colleagues,

As you are aware that India has a robust system for monitoring & responding to public health threats emerging anywhere in the World. The recent media reports of a surge in respiratory illness among children in China in the recent weeks were also noted and necessary action initiated. As per the information presently available, the increase in respiratory illness is mainly among children and due to usual causes like Influenza, Mycoplasma pneumoniae, SARS-CoV-2 etc.

While the available information suggests that there is no cause for any alarm in India, this is an opportunity to review the public health and hospital preparedness in the States. This calls for, inter-alia, ensuring availability of requisite HR, hospital beds, testing, medical counter measures and the infection control practices in health facilities.

From a surveillance perspective, monitoring the implementation of 'Operational Guidelines for Revised Surveillance Strategy in context of COVID-19' – shared earlier this year – is an essential component of review and must be done at a senior - preferably at your level. It should also be ensured that the health facilities including private facilities and medical college hospitals, report cases of ILI and SARI on IDSP-IHIP and this reporting is closely monitored through the district and State surveillance units of IDSP.

I am sure that our proactive approach to public health preparedness and pre-emptive actions at all levels would ensure that we are able to deal with any threat in the future.

With warm regards,

Yours sincerely,


(Atul Goel)

To:-

The Mission Directors of NHM (all States/UTs)

Copy for information to:-

The IDSP State Surveillance Officers (all States/UTs)

Ministry of Health and Family Welfare



Union Health Ministry decides to proactively review preparedness measures against respiratory illnesses in view of emerging public health situation in China

Advises States/UTs to immediately review public health and hospital preparedness measures

All States/UTs to implement 'Operational Guidelines for Revised Surveillance Strategy in the context of COVID-19'

Trends of ILI/SARI to be closely monitored by District and State surveillance

Increase in respiratory illness predominantly due to usual causes like Influenza, Mycoplasma pneumonia, SARS-CoV-2

Health Ministry closely monitoring the situation; no need for alarm

Posted On: 26 NOV 2023 2:04PM by PIB Delhi

In view of the recent reports indicating a surge in respiratory illness in children in northern China in the recent weeks, the Union Health Ministry has proactively decided to review the preparedness measures against respiratory illnesses, as a matter of abundant caution. This is noted to be important in view of the ongoing influenza and winter season that results in an increase in respiratory illness cases. Government of India is closely monitoring the situation, and indicated that there is no need for any alarm.

In a letter by Union Health Secretary to States and UTs, they have been advised to immediately review public health and hospital preparedness measures viz. availability of HR, hospital beds, drugs & vaccines for influenza, medical oxygen, antibiotics, personal protective equipment, testing kits and reagents, functionality of oxygen plants and ventilators, infection control practices in health facilities, at a senior level.

All States and Union Territories have been advised to implement 'Operational Guidelines for Revised Surveillance Strategy in the context of COVID-19', shared earlier this year, which provides for integrated surveillance of respiratory pathogens presenting as cases of influenza like illness (ILI) and severe acute respiratory illness (SARI). They have also been asked to ensure that the trends of ILI/SARI should be closely monitored by the district and state surveillance units of Integrated Disease Surveillance Project (IDSP), particularly of children and adolescents. The data of ILI/SARI is required to be uploaded on IDSP- IHIP portal particularly from the public health institutions including medical college hospitals. States also asked to send nasal and throat swab samples of patients with SARI, particularly of children and adolescents, to Virus Research and Diagnostic Laboratories (VRDL's) located in the States for testing for respiratory pathogens. The cumulative effect of implementation of these precautionary and proactive collaborative measures is expected to counter any potential situation and ensure the safety and well-being of the citizens.

Recently, information shared by WHO has indicated an increase in respiratory illness in northern parts of China. This is predominantly attributed to usual causes like Influenza, Mycoplasma pneumonia, SARS-CoV-2 etc. As per WHO, the release of Covid-19 restrictions coinciding with the onset of winter season in addition to cyclical trend of respiratory illnesses such as Mycoplasma pneumonia have led to this surge. While WHO has sought additional information from Chinese authorities, it is assessed that there is no cause for any alarm at the moment.

MV

HFW/States advised Respiratory Illness/26th November 2023/1

(Release ID: 1979931) Visitor Counter : 5721

Read this release in: Urdu , Hindi , Marathi , Gujarati , Tamil , Kannada , Malayalam

Government of India
Ministry of Health and Family Welfare

Operational Guidelines for Revised Surveillance Strategy in context of COVID-19

Introduction:

Post third surge in January 2022, SARS-CoV-2 disease (COVID-19) has entered a new phase in the country. A sustained low incidence level of mild clinical severity and very low rates of hospitalization due to various factors such as enhanced surveillance, focus on case management and high vaccination coverage has supported country's COVID-19 management efforts. Therefore, presently there is a need to have a surveillance strategy that would enable a close monitoring of the situation for early identification of cases.

Scope:

The present guidelines provide revised strategy for surveillance with focus on **early** detection, isolation, testing, and timely management of suspected and confirmed cases; **detect and contain outbreaks of new SARS-CoV-2 variants** and monitoring the trends of existing variants; Monitor long term epidemiologic trends through the established genomic surveillance strategy. The long-term vision is to fully integrate COVID-19 surveillance within existing IDSP surveillance mechanism.

All State and district surveillance officers need to have continued focus on surveillance in coordination with the relevant stakeholders.

Surveillance strategy:

1. Surveillance of Incoming International Travelers

Screening of incoming international travelers for COVID-19 is a pivotal part of surveillance to detect entry of the virus and its variants into the country from other parts of the world.

The following protocol shall be followed:

- i. Randomly screen 2% of passengers in each incoming flight into India by RT-PCR
- ii. Subject all positive specimens to genomic sequencing.
- iii. Keep passengers who test positive under observation/quarantine and manage as per prevailing guidelines.

(Details of the existing guidelines available at <https://www.mohfw.gov.in/pdf/GuidelinesforInternationalarrivalsupdatedon10thFebruary2022.pdf>)

2. Sentinel Surveillance: This shall have two components viz.

A. Health facility based surveillance

B. Laboratory based surveillance

Health facility based surveillance:

- i. A nationwide network of sentinel facilities to monitor influenza-like-illness (ILI) and severe acute respiratory infection (SARI) shall be operationalized.
- ii. All ILI and SARI surveillance data to be reported through IDSP-IHIP.
- iii. All healthcare facilities to report ILI cases from OPD (P form reporting units under IDSP-IHIP) - DSO will be responsible to analyze the data and a proportion (1 in 20) of such ILI cases shall be referred to lab for covid testing through RT-PCR.
- iv. Monitoring SARI cases in all district hospitals & selected tertiary hospitals (All the AIIMS, all district hospitals, large tertiary care government/Pvt Hospitals including Medical college hospitals of States/UTs) & their RT-PCR testing for COVID-19.

IDSP to share fortnightly reporting data of the aforementioned health facilities with respect to ILI and SARI cases. Reporting to be reviewed and ensured by District Collector/Magistrate and MD NHM at the State level.

Laboratory based surveillance

- i. Labs testing for COVID-19 should upload their data on ICMR portal.
 - a. ICMR should also provide the data through API to IDSP-IHIP for regular monitoring.
 - b. Data should also be analyzed for test positivity rates and trend of Ct values (if possible).

3. Community-based Surveillance

The community-based surveillance focuses on the early detection of unusual events in the community, such as large outbreaks, an unusual presentation of cases, mortality, etc. This would be achieved by:

- i. Event-based surveillance through media scanning and verification by IDSP cell
- ii. Event alert generation on IDSP-IHIP portal
- iii. Indicator based surveillance through IDSP/IHIP reporting of ILI and SARI cases

The district level rapid response teams (**RRT**) will assess the unusual events, and, if required outbreak investigations will be undertaken.

4. Whole Genomic Surveillance

- A. Continuation and expansion (need based) of laboratory network under INSACOG
- B. Three-pronged genomic surveillance strategy to be followed:
 - a. A proportion of international arrivals (based on latest guidelines of MoHFW) to be tested and all positives to be sequenced
 - b. Identified sentinel sites of INSACOG network to send samples for WGS on a routine basis
 - c. Positive samples from large clusters / outbreaks in the community and unusual events to be sent for WGS.

(Detailed guidelines available at:

<https://www.mohfw.gov.in/pdf/INSACOGGuidanceDocumentdated15July2021final.pdf>)

5. Sewage / Wastewater Surveillance

Several studies have demonstrated that increases in SARS-CoV-2 RNA can be detected in environmental samples several days before detection of COVID-19 through clinical surveillance. The Revised Surveillance Strategy for COVID-19 envisages integrating the multiple systems presently existing for a pan-India sewage/wastewater surveillance with the following objectives:

- i. Provide early warning on the impending local surge of COVID-19
- ii. Provide an estimate of the virus load in local circulation
- iii. Provide virus isolates for their genomic characterization to detect circulating mutations/variants

To have a standard methodology and avoid duplications, the activities proposed in the project will be carried out as an integrated network. The system can be adapted to antimicrobial resistance monitoring activities in the future. As of now, this component

is on a pilot basis. The network of sites for sewage/waste water samples would be finalized by INSACOG & the data from the sewage surveillance network shall be assessed for its effectiveness in guiding the public health response.

6. Sero-surveillance

Sero-surveillance is a useful tool to assess exposure to the virus (and /or to vaccination). A decision for any future sero-survey may be taken on the basis of added value that this activity shall provide in the future prevailing situation. The guidelines for the sero-surveillance activity shall be decided by the National Task Force (NTF) constituted for this purpose.

Reporting requirements:

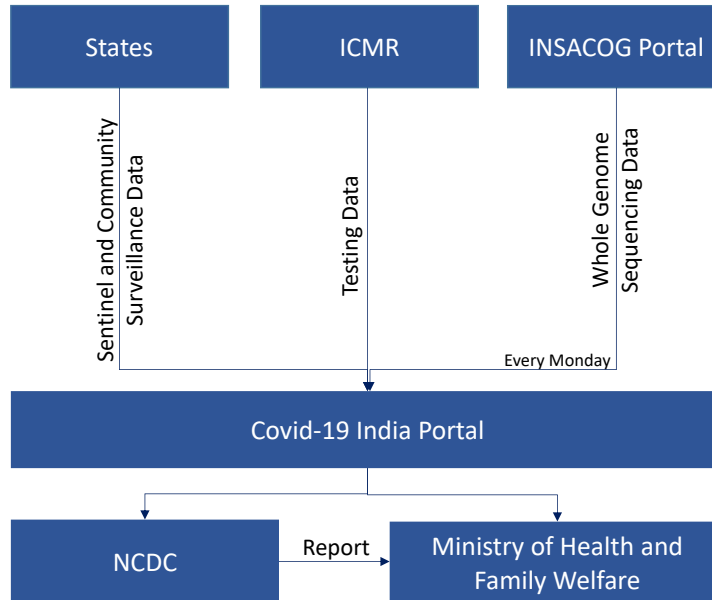
A. Daily

- Daily report from Districts and States on number of new cases, discharges/recovered, deaths and hospitalized covid cases.
- Hospitalized cases to be categorized as those cases requiring oxygen, ICU and Ventilator supported

B. Weekly

- Weekly epidemiological report of COVID-19 cases and deaths
- Trend of ILI/SARI cases at the district and state level
- Weekly report on samples sent for whole genome sequencing from the State level
- Weekly report from laboratories on sample positivity rate
- INSACOG WGS report

Flowchart



DBT & NCDC to coordinate INSACOG portal & a weekly report to be submitted to Ministry of Health & Family Welfare (every Monday) indicating not only the samples analyzed but gaps if any in receipt of samples from the identified locations

NCDC to analyze the surveillance data & data from ICMR on a weekly basis & submit a detailed report to Ministry of Health & Family Welfare (every Monday).